

PATENT APPLICATION SERIAL NO. 10/527055

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

03/21/2005 LLANDGRA 00000016 10527055

01 FC:2631	150.00 OP
<del>02 FC:2632</del>	<del>250.00 OP</del>
03 FC:2633	100.00 OP
04 FC:2615	50.00 OP

Adjustment date: 06/03/2005 MKAYPAGH  
03/21/2005 LLANDGRA 00000016 10527055  
02 FC:2632 -250.00 OP

06/03/2005 MKAYPAGH 00000003 10527055

01 FC:2642 200.00 OP

Refund Ref:  
06/03/2005 MKAYPAGH 0000145043

CHECK Refund Total: \$50.00

Repln. Ref: 06/03/2005 MKAYPAGH 0012333700  
DAH:140112 Name/Number:10527055  
FC: 9204 \$50.00 CR

6-3-05  
4-3-05  
**APPROVED**

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 50
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

	7 TOTAL AMOUNT OF REFUND
	\$ 50

10 REASON:	8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment	<input type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> </tr> </table>	1	4	--	0	1	1	2
1	4	--	0	1	1	2		

11 REFUND REQUESTED BY:
<div style="display: flex; justify-content: space-between;"> <div> TYPED/PRINTED NAME: <u>John Anderson</u>  SIGNATURE: <u>John L. Anderson</u>  OFFICE: <u>ACT/DO/EO</u> </div> <div> TITLE: <u>Paralegal Specialist</u>  PHONE: <u>308-9140 ext 211</u> </div> </div>
<p>*****</p> <p>THIS SPACE RESERVED FOR FINANCE USE ONLY:</p> <p>APPROVED: <u>Harry Phlegis</u>      DATE: <u>6-3-05</u></p>

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**